

11134

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUSTHE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

16561

State File No.

FILED JUN 9 1944

Registration District No. 318

Primary Registration District No. 1002

Registrar's No. 5064

1. PLACE OF DEATH:

(a) County St. Louis, Missouri
 (b) City or town St. Louis, Missouri
 (If outside city or town limits, write "RURAL" and name of township)
 (c) Name of hospital or institution: St. Louis City Hospital
 (If not in hospital or institution, write street number or location)
 (d) Length of stay: In hospital or institution 20 days
 (Specify whether
 In this community
 years, months or days)

3. (a) PRINT

FULL NAME Walter Earl Mantz

3. (b) If veteran,

name war

3. (c) Social Security

No. None

4. Sex Male 5. Color or race White 6. (a) Single, widowed, married, divorced Married

6. (b) Name of husband or wife Friedrica V. Mantz 6. (c) Age of husband or wife if alive 66 years

7. Birth date of deceased March 21 1864
 (Month) (Day) (Year)

8. AGE: Years 80 Months 2 Days 10 If less than one day
 hr. min.

9. Birthplace St. Louis Mo
 (City, town, or county) (State or foreign country)

10. Usual occupation Realtor11. Industry or business Real Estate

12. Name Chas. Mantz
 13. Birthplace St. Louis Mo
 (City, town, or county) (State or foreign country)

14. Maiden name Sara Mantz
 15. Birthplace St. Louis Mo
 (City, town, or county) (State or foreign country)

16. (a) Informant Mrs. Friedrica V. Mantz
 (b) Address 3654 Shaw Ave.

17. (a) Burial (b) Date thereof 6/3/44
 (Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Bellefontaine Cem.

18. (a) Signature of funeral director Wm. J. Robert L. & U. Co.

(b) Address 1905 S. Grand

19. (a) JUN 2 1944 (b) J. Z. Brudeck
 (Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County 12
 (c) City or town 3654 Shaw Ave.
 (If outside city or town limits, write "RURAL")
 (d) Street No. St. Louis, Mo.
 (If rural, give location)
 (e) Citizen of foreign country? No (Yes or No)
 If yes, name country 0

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month June day 1st
 year 1944 hour 9 minute 43 A.M.

21. I hereby certify that I attended the deceased from May 13th
1944 to June 1st, 19 44

that I last saw him alive on June 1st, 19 44
 and that death occurred on the date and hour stated above.

Immediate cause of death

Carcinoma of colon

Due to

Due to

Other conditions

(Include pregnancy within 3 months of death)

Major findings:

Of operations

Of autopsy

Duration

PHYSICIAN

Underline
 the cause to
 which death
 should be
 charged sta-
 tistically.

22. If death was due to external causes, fill in the following:

(c) Accident, suicide, or homicide (specify)
 (b) Date of occurrence
 (c) Where did injury occur?
 (City or town) (County) (State)
 (d) Did injury occur in or about home, on farm, in industrial place, in public place?

While at work (Specify type of place) (e) Means of injury

23. Signature Frank J. Brudeck (M. D. or other)
 Address 1515 Lafayette Date signed 6/1/44

(Licensed Embalmer's Statement on Reverse Side)

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by.....

John Dean Harris....., Registered Apprentice No. 363
working under my personal supervision.

Signed.....

Howard B. Rawland

Licensed Embalmer No. 3114

P. O. Address.....

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.